prevention

safe

diagnosis

partnerships

support

quality

sustainable

nutrition

therapy

2010-2011 ANNUAL REPORT

REGIONAL HEALTH AUTHORITY

heal

community

caring

future

HEALTH

innovative

medicine

TABLE OF CONTENTS

1. Letter of Transmittal and Accountability

2. Organizational Chart

3. Who We Are (About the ARHA)

4. Board Governance

5. Board Consultation and Public Interest Disclosure Act

6. Strategic Plan

14. Quality and Risk

16. Personal Care Home Standards and Emergency Response Management System

17. Safety and Security and Capital Projects

18. Program and Services Expenditures and Administrative Costs

19. Auditor's Letter

20. Financial Information

LETTER OF TRANSMITTAL

Letter of Transmittal and Accountability

We are pleased to present the annual report for the Assiniboine Regional Health Authority for the fiscal year ended March 31, 2011 as approved by the Board of Directors at their regular meeting held September 21, 2011.

The annual report was prepared under the Board's direction in accordance with ***The Regional Health Authorities Act*** and directions provided by the Minister of Health. All material, economic and fiscal implications known as of March 31, 2011 have been considered in preparing this annual report. This report reviews the actions and initiatives of the Assiniboine Regional Health Authority from April 1, 2010 to March 31, 2011.

Of significance in 2010/11 was completion of the Comprehensive Community Health Assessment process and resultant report. This process involves examining many statistics, population demographics/projections, utilization reports, other research reports, etc. It also involves engaging stakeholders in a very meaningful way and included discussions with/engagement of staff, partner organizations, population groups, community stakeholders, the Assiniboine Health Advisory Council, etc. The comprehensive report is then used to form the basis for the region to update its strategic plan which includes the Vision, Mission, Values and Strategic Priorities. The strategic planning process concluded with the Board approving the final 2011-16 Strategic Plan in September of 2010 and the new plan is highlighted in this report.

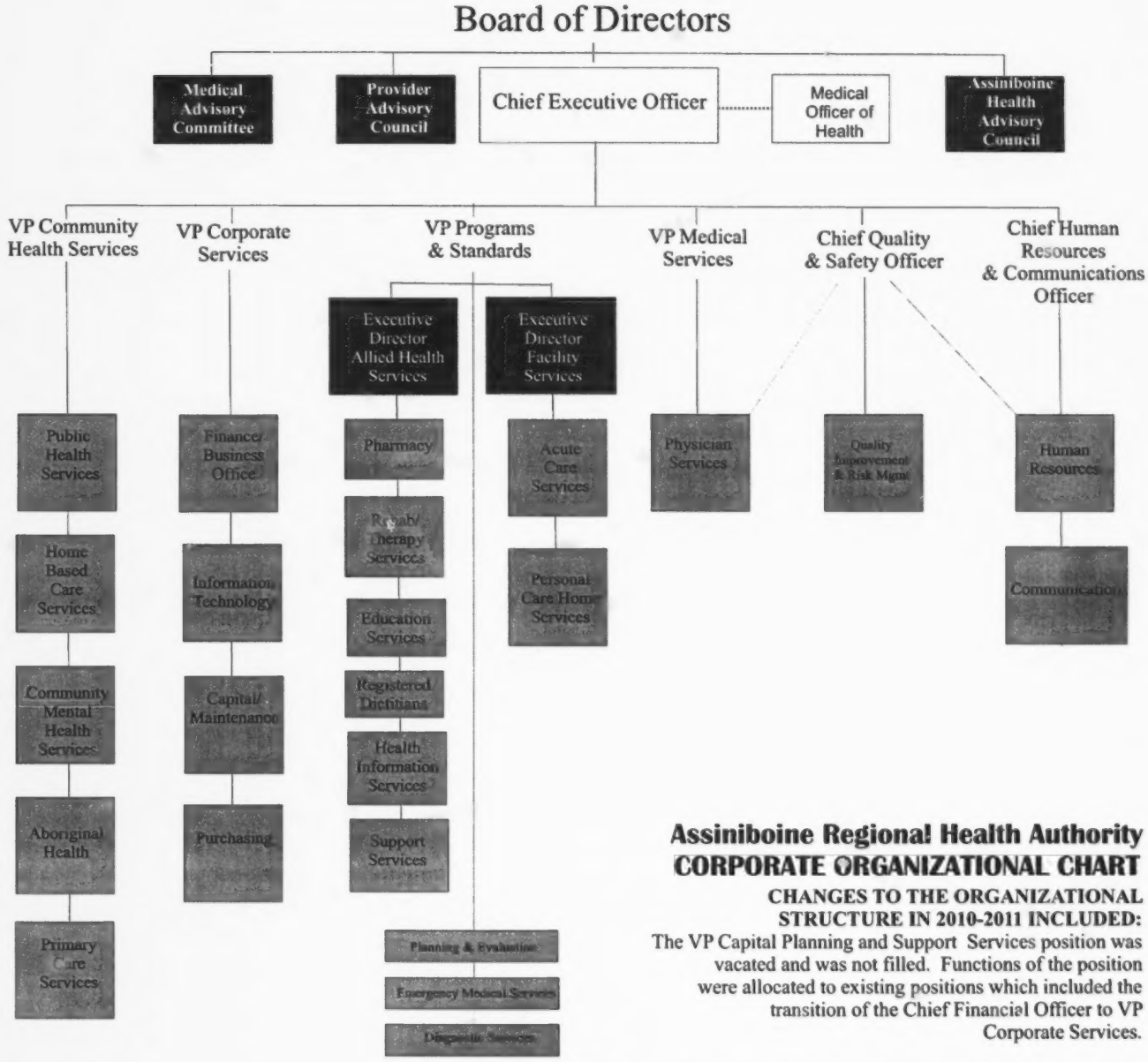
This year's annual report also highlights other accomplishments made during the past year toward realizing our goals. Through a collective effort with our partners, employees and physicians, much progress has been made toward ensuring that the highest quality care is accessible to our residents. We would like once again to acknowledge the Board of Directors and the Executive Management Committee for their shared leadership over the past year. To all staff, thank you for your contribution each and every day to making sure the best possible care and service is delivered.

To our community stakeholders we express gratitude for working with us, challenging us and keeping us motivated to the best job possible.

Respectfully submitted,

Dean Dietrich, Chair
Board of Directors

Penny Gilson
Chief Executive Officer



Assiniboine Regional Health Authority
CORPORATE ORGANIZATIONAL CHART

CHANGES TO THE ORGANIZATIONAL STRUCTURE IN 2010-2011 INCLUDED:

The VP Capital Planning and Support Services position was vacated and was not filled. Functions of the position were allocated to existing positions which included the transition of the Chief Financial Officer to VP Corporate Services.

The region was able to fill the long time vacant VP Medical Services position in the fall of 2010. With the appointment of the VP Medical changes were made to further balance the workload in the various Executive Management Team portfolios and to this end the Executive Director Primary Care/Medical Services became the Chief Quality and Safety Officer with Quality Improvement and Risk Management added to the portfolio along with ongoing responsibilities for Human Resources and Physician Services.

LETTER OF TRANSMITTAL

Letter of Transmittal and Accountability

We are pleased to present the annual report for the Assiniboine Regional Health Authority for the fiscal year ended March 31, 2011 as approved by the Board of Directors at their regular meeting held September 21, 2011.

The annual report was prepared under the Board's direction in accordance with ***The Regional Health Authorities Act*** and directions provided by the Minister of Health. All material, economic and fiscal implications known as of March 31, 2011 have been considered in preparing this annual report. This report reviews the actions and initiatives of the Assiniboine Regional Health Authority from April 1, 2010 to March 31, 2011.

Of significance in 2010/11 was completion of the Comprehensive Community Health Assessment process and resultant report. This process involves examining many statistics, population demographics/projections, utilization reports, other research reports, etc. It also involves engaging stakeholders in a very meaningful way and included discussions with/engagement of staff, partner organizations, population groups, community stakeholders, the Assiniboine Health Advisory Council, etc. The comprehensive report is then used to form the basis for the region to update its strategic plan which includes the Vision, Mission, Values and Strategic Priorities. The strategic planning process concluded with the Board approving the final 2011-16 Strategic Plan in September of 2010 and the new plan is highlighted in this report.

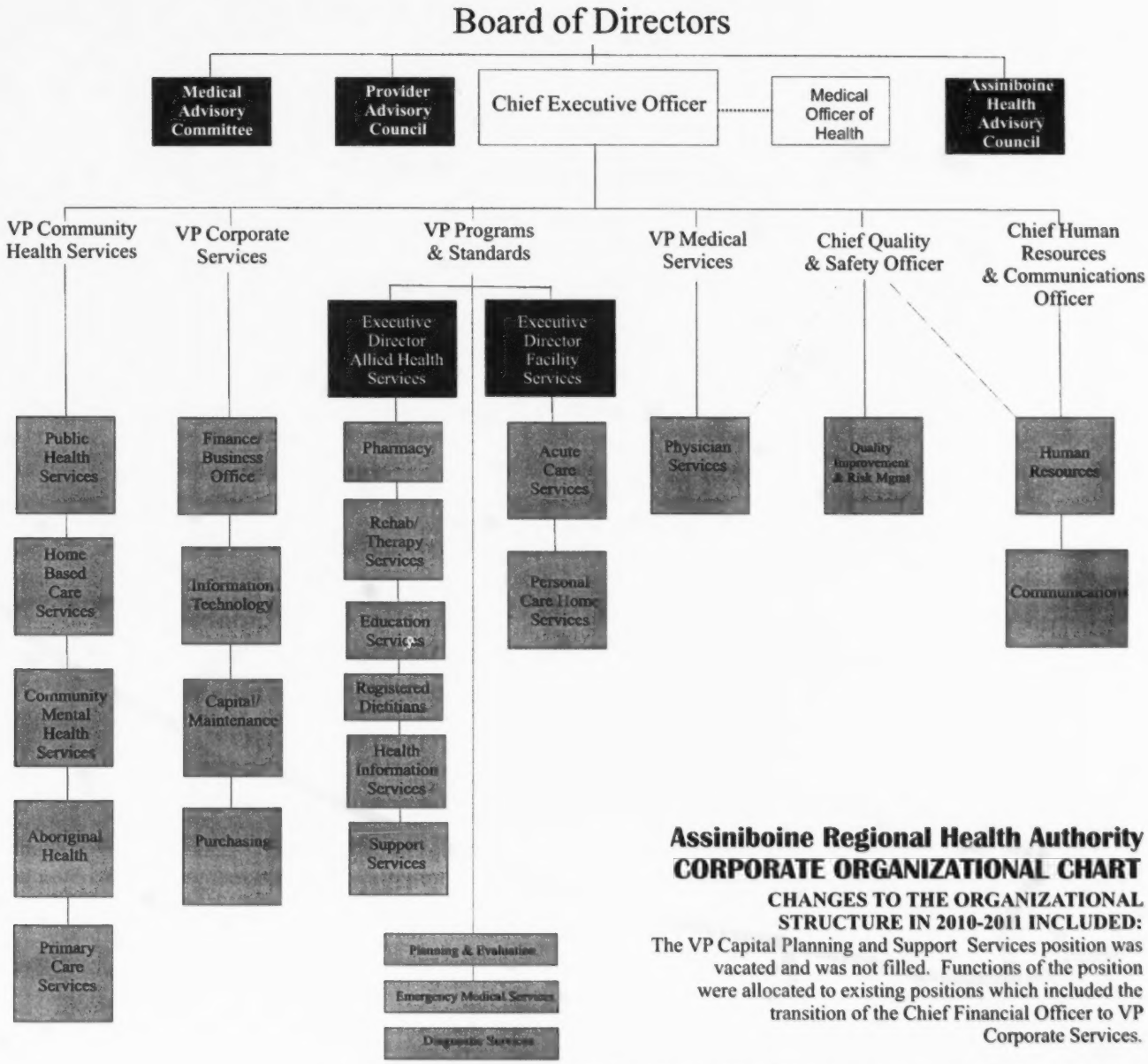
This year's annual report also highlights other accomplishments made during the past year toward realizing our goals. Through a collective effort with our partners, employees and physicians, much progress has been made toward ensuring that the highest quality care is accessible to our residents. We would like once again to acknowledge the Board of Directors and the Executive Management Committee for their shared leadership over the past year. To all staff, thank you for your contribution each and every day to making sure the best possible care and service is delivered.

To our community stakeholders we express gratitude for working with us, challenging us and keeping us motivated to the best job possible.

Respectfully submitted,

Dean Dietrich, Chair
Board of Directors

Penny Gilson
Chief Executive Officer



Assiniboine Regional Health Authority
CORPORATE ORGANIZATIONAL CHART

CHANGES TO THE ORGANIZATIONAL STRUCTURE IN 2010-2011 INCLUDED:

The VP Capital Planning and Support Services position was vacated and was not filled. Functions of the position were allocated to existing positions which included the transition of the Chief Financial Officer to VP Corporate Services.

The region was able to fill the long time vacant VP Medical Services position in the fall of 2010. With the appointment of the VP Medical changes were made to further balance the workload in the various Executive Management Team portfolios and to this end the Executive Director Primary Care/Medical Services became the Chief Quality and Safety Officer with Quality Improvement and Risk Management added to the portfolio along with ongoing responsibilities for Human Resources and Physician Services.

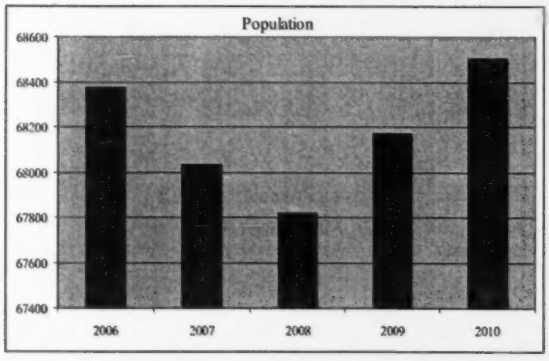
WHO WE ARE

The Assiniboine Regional Health Authority, located in the south western corner of Manitoba, is primarily an agricultural area with growth in industries such as oil production. These industries are attracting new residents and families to our communities.

The Assiniboine Region covers an area of 32,134 square kilometers, encompassing 72 Incorporated Towns/Villages / Rural Municipalities within six geographic sub-districts. Both the Trans Canada and Yellowhead Highway are major transportation corridors within the Region, covering an area from the Saskatchewan Border to the West, Riding Mountain National Park to the North, to the USA Border to the South, and to the Treherne area to the East.

With a dedicated staff of over 3,000 people, the Assiniboine Regional Health Authority operates 20 acute care / transitional care facilities, one rehabilitation unit, 28 long-term care facilities, and seven elderly persons housing units. The region also provides primary care, public health, mental health, diagnostic, emergency medical, palliative care, home care services, and many other programs and support services. There are sixty-two physicians providing medical services in the area.

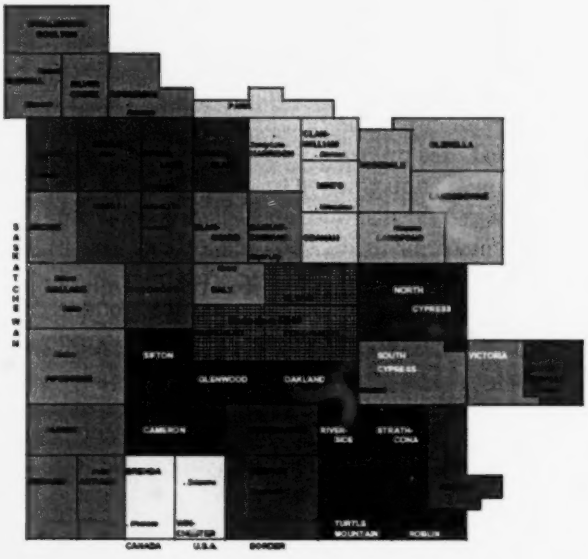
The population of the Assiniboine Regional Health Authority as of June 1, 2010 was 68,505. The population had been decreasing steadily in recent years, but this trend appears to be reversing. Between 2008 and 2010 the region welcomed 686 more residents.



Assiniboine RHA Population by Year

The region's population has been growing because of immigration to the region and an increasing birth rate. Currently the Assiniboine Region has an older population than the rest of Manitoba, with approximately 19% of Assiniboine residents being 65 years or older.

The Assiniboine Region is culturally diverse, with 7 First Nation communities, numerous communities with significant Metis populations, 29 Hutterite colonies, and many other substantial cultural groups. Our staff continue to work with our diverse communities to ensure that we are responsive to their needs.



For more information or to contact the Assiniboine RHA look online at www.assiniboine-rha.ca

BOARD GOVERNANCE

The Assiniboine Regional Health Authority Board of Directors functions under the legislative authority of and is compliant with The Regional Health Authorities Act. The Board of Directors has clearly articulated policy and direction through the Vision, Mission, Values and Strategic Direction. The Board is comprised of up to fifteen persons appointed by the Minister of Health for the Province of Manitoba.

All regular meetings of the Board of Directors are open to the public and are held a minimum of ten times per year in accordance with the General By-Law. Board meeting minutes are distributed to all municipal corporations and health facilities in the region. They are also posted on the regional website at www.assiniboine-rha.ca.

GOVERNANCE PROCESSES

The Board is responsible for and demonstrates compliance with the following general governance processes:

- Assessing community health needs in preparing the organization's strategic and annual health plans – strategic priorities are aligned with identified needs and reflected in planning processes;
- Approving policies and processes to ensure the integrity of the organization's internal controls and management systems;
- Regular review of policies and by-laws;
- Approving the annual capital plan;
- Approving the annual health plan for submission as advice to the Minister of Health;
- Monitoring CEO and organizational (including fiscal) performance;
- Ensuring Board self evaluation (occurs post meeting and annually);
- Ensuring new Board Member orientation;
- Identifying Board education needs and ensuring development of an annual schedule to address those needs (Board education occurs prior to each regular meeting of the Board).

The Board has two standing committees to assist in carrying out its legislative responsibilities. They are: Executive Committee and Finance and Audit Committee. The Board also used a Governance Committee in 2010/11 which was charged with reviewing Board By-laws and Policies to ensure they are current and reflect governance best practices.

OUR STAKEHOLDERS

Stakeholder engagement is an ongoing priority for the Assiniboine Regional Health Authority. Advisory Council forums are held 3-4 times per year with the Board identifying specific areas for discussion and feedback such as human resource recruitment and retention/stabilization initiatives; Emergency Medical Services; community health assessment; strategic planning; etc.

STRATEGIC PLANNING

Based on information collected as part of the Community Health Assessment completed in 2009, the ARHA Board engaged in a Strategic Planning Retreat in June 2010 which resulted in the completion of a five year strategic plan for the region. This is highlighted later in the Annual Report.

COMMUNITY STAKEHOLDER MEETINGS

The Board and Executive Management Committee invite key community stakeholders to a series of meetings across the region each spring and fall where there is opportunity to share information and have questions addressed. Key community stakeholders are defined through invitation to all municipal councils and other stakeholders in the region. At least once annually an invitation to meet is also extended to each of the First Nation communities with offers to attend each of the communities. There are also numerous community specific stakeholder meetings held relative to program/service impacts unique to those communities.

FUTURE DIRECTIONS

What will we focus on in the future?

- Monitoring indicators identified as part of the Strategic Planning Process..
- Maintaining positive relationships with communities and stakeholders.
- Engaging in proactive and creative human resource recruitment and retention strategies.
- Managing existing and advocating for enhanced capital infrastructure capacity to support sustainable, safe, quality health service delivery.
- Establishing effective, respectful relationships with partners to influence the many things that impact health status beyond the delivery of health services.
- Working on innovation to improve organizational processes.

2010-2011 BOARD OF DIRECTORS

Dean Dietrich, Board Chair
Barry French, Vice Chair
Bruce Dunning
Kelvin Nerbas
Eva Whitebird
Deborah Eastcott
Jacqueline Leforte
Harvey Patterson
Randy Hodge
Bonnie Proven
Kristine Janz
Leona Williams
Marg MacDonald
Laura McDougald-Williams
Pat Phillips.

BOARD CONSULTATION

Assiniboine Health Advisory Council
The Assiniboine Health Advisory Council (AHAC) is a group of interested community members who provide advice to the Board of Directors and Executive Management Committee in areas such as: Pandemic Response, Medication Awareness, Patient Navigation, Nurse Practitioners (the role of), Client Satisfaction and Health Care Innovation.

This group meets regionally three to four times per year with the Board of Directors, Executive Management Committee and Provider Advisory Council. There were 15 members in the 2010-2011 fiscal year.

Medical Advisory Committee
The Medical Advisory Committee (MAC) of the Assiniboine Regional Health Authority is an active group of physicians who provide feedback to the Board of Directors and Executive Management Committee in areas of physician privileges, medical systems input and act as liaisons with various provincial committees. This is a testament to the quality and commitment of these individuals. They meet 8-10 times per year.

Provider Advisory Council
The Provider Advisory Council (PAC) of the Assiniboine Regional Health Authority is a multi-disciplinary group of interested staff who provide advice to the Board of Directors and Executive Management Committee in areas such as: employee recognition; staff wellness; quality of worklife; certain policies and procedures; human resource information; and other staff related areas of interest. This committee meets regularly with the Assiniboine Health Advisory Council (AHAC).

PUBLIC INTEREST DISCLOSURE ACT

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health for fiscal year 2010 – 2011:

The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a) - 0 disclosures were received.

The number of investigations commenced as a result of disclosure. Subsection 18(2)(b) - NIL

In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection 18(2)(c) - NIL

Community Health Assessment

Regional Health Authorities in Manitoba are required by legislation to regularly assess the health status and health care use of the population they serve. This information is used to establish regional strategic plans. The third comprehensive community health assessment (CHA) for the Assiniboine Regional Health Authority was completed in March of 2010.

The comprehensive CHA involved extensive data review and analysis as well as considerable engagement of staff, partner organizations & community. Public engagement meetings were held in 10 communities across the region following consultation with municipal leadership to identify participants who would be representative of the community. Regional staff engagement occurred through a general staff survey and meetings with health care providers. The CHA engagement process also involved partner agencies, several major worksites, minority groups and youth.

A second round of meetings was offered to participants of the 10 community engagement meetings in order to validate the information obtained and analyzed. Regional programs and services were consulted to the extent possible in order to validate health service information.

CHA Key Findings

There were a number of common themes identified through community, staff, and partner engagement activities. The population of the Assiniboine region is changing, with an increasing diversity in communities through immigration. It will be important into the future to consider the diverse needs of the population when planning health services.

It was found that some groups could benefit from targeted efforts to improve their health. Of note was concern for the health and health care needs of children and youth, seniors, new immigrants, and our Aboriginal communities. While a wide range of health care services are available in the region, residents emphasized their desire for local access to care. Recruitment and retention of staff was one of the top priorities.

Our communities possess many strengths, but there is room for improving health behaviours. There have been increases in some chronic diseases among residents of the region, with higher mortality rates for some conditions than the provincial average.

Strategic Planning

The information obtained through the CHA has been incorporated into the strategic planning activities, which revisited the regional Vision, Mission, and Value statements; and revised the Strategic Priorities for the regional Strategic Plan.

Following the completion of the comprehensive community health assessment, the results were presented to the regional Executive Management Committee (EMC) and the Assiniboine Health Advisory Council in order to provide an opportunity for community to advise on potential strategic priorities and for EMC members to become familiar with the data germane to their programs and services. Ultimately, it is the responsibility of the Board to establish the strategic direction and the responsibility of Management to establish operational strategies and performance measures. The priorities identified by community were recorded for use at the Board strategic planning session.

The Board session began with an introduction to some key concepts in strategic planning and ethical resource allocation. This was followed by a presentation of the community health assessment results. With this background information at hand, the Board proceeded to review the Vision, Values, Strategic Enablers, Mission and Strategic Priorities.

The Board felt the Vision is still relevant, with one revision. The term "evidence-based" will be changed to "evidence-informed", which reflects the

intention that planning decisions should include more than just research evidence.

It was felt that the current Mission Statement was satisfactory.

The Board discussed concepts that should be included in the ARHA Values, such as accountability, stewardship of resources, spirituality, as well as fostering fun & enjoyment in the workplace. The following Values were adopted:

Focusing on People

Collaborating and Working as Teams

Acting with Integrity, Accountability and Respect

Communicating to Share Information and Receive Feedback

Following presentation of the community health assessment information the Board engaged in a discussion of the strategic themes and the proposed Strategic Priorities suggested by community and the Assiniboine Health Advisory Council. Members of the Executive Management Committee provided clarification from the perspective of programs and services.

All Board members and staff present were given an opportunity to comment on the proposed Strategic Priorities as developed during the strategic planning session. After lengthy discussion and clarification, the Board agreed upon the five Strategic priorities as presented in the next column.

ARHA will aim to be an employer of choice through creative, proactive recruitment & retention strategies.

ARHA will focus on specific population group needs when prioritizing service delivery strategies.

ARHA will prioritize resources and strategies to support & enhance health promotion & disease prevention and management.

ARHA will focus on patient safety, quality & resource stewardship while balancing the need for accessibility & sustainability of services.

ARHA will develop & enhance public & client engagement processes for regional priority areas.

QUALITY & SAFETY

ARHA's current & future service delivery will focus on patient safety and will balance quality, accessibility and affordability considerations

Patient safety, a cornerstone of **quality health services** referred to in our Vision, remained a priority for the Assiniboine Region for 2010/11. As the workforce continues to approach retirement age, efforts to recruit new staff and retain experienced staff are also high priorities that contribute to **sustainable health services**.

In 2010/11 our strategies under this priority included:

The ARHA will focus on initiatives aimed at human resources stabilization.

The ARHA will use best practices and evidence informed decision-making to ensure reasonable access to safe, quality and sustainable service.

STABILIZING HUMAN RESOURCES THROUGH RECRUITMENT & RETENTION

Connecting with students who may eventually join our workforce is an important component in the region's recruitment strategy. Partnerships with education institutions have been successful in attracting new employees. Seven Grad Nurse mentorship positions were posted for graduating BN students. Six new nursing graduates stayed in jobs with the region. Nursing students have been filling health care aide term & vacation relief positions, gaining valuable experience in the health care system.

Continuing education opportunities are important to health care employees, contributing to skill levels and improving quality of care. Training has been offered to staff on many topics, including Advanced Cardiac Life Support (ACLS), Trauma Nursing (TNCC), Evacuation procedures, Non-Violent Crisis Intervention, Feeding & Swallowing, Cardiac Care Map, Cardiac Rhythms Review, and Dementia Care.

HUMAN RESOURCES AT A GLANCE	2010/11	2009/10	2008/09	2007/08
Average Age of Workforce	44	44	44	44
Percentage ratio of Females / Males staff	90%/ / 10%	90%/ / 10%	90% / 10%	91% / 0.9%
Total Number of employees	3005	3249	3192	3127
Total Jobs Posted	1819	1549	1625	1679
Total New Hires	442	388	411	537
% (self declared) Aboriginal workforce	2.7%	2.2%	2.3%	Not available
Employee Assistance Program (EAP) Utilization rate	4.52%	4.5%	5.7%	5.04%

Many staff are willing to attend relevant training sessions, although we have not been able to reach our targets of 100% certification for acute care nurses in ACLS and TNCC. We increased the proportion of acute care RNs trained in ACLS from 42% to 81%. Last year also saw an increase in the percentage of acute care RNs obtaining their TNCC certification to 69% from 57% the previous year (Source: QHR Database).

Ensuring the safety of care health care providers is very important in the Region. For this reason non-harmful behaviour management training is available to staff across the Region, with a new provincial program to be offered in the fall of 2011.

Through community health assessment and during the Board strategic plan review, recruiting and retaining health care providers were considered the highest priorities.

Because of the continued emphasis on human resource strategies by community and Board members, the strategic priority 2.1 was revised by the Board to become our first priority for this strategic plan. This strategic priority says:

ARHA will aim to be an employer of choice through creative, proactive recruitment & retention strategies

How is the Region working on this priority?

- Implementing an Aboriginal Workforce Initiative.\
- Exploring partnerships with School Divisions to assist students to obtain health care certification through high school curriculum.
- Actively promoting health careers through health fairs, partnering with high schools, community colleges & universities, and through community-focused events.
- Continuing to support mentoring of students & new graduates while advocating for training programs in the Region.
- Looking into return of service agreements for students training for jobs that are in high demand in the Region.
- Supporting ongoing sponsorship of International Medical Graduates in the provincial assessment process.
- Supporting staff education through providing courses & eLearning.
- Developing human resource strategies to improve worklife of our employees (respectful workplace, lifts & transfers, return to work programs following illness or injury).
- Taking advantage of innovation initiatives such as Releasing Time to Care (Neepawa Health Centre flagship site) to improve working conditions for staff.

ACCESS TO SAFE QUALITY CARE

Patient safety continues to be a priority of the Board, who chose to preserve a strategic priority that emphasizes patient safety and quality of care, which is as follows:

ARHA will focus on patient safety, quality & resource stewardship while balancing the need for accessibility & sustainability of services

Since 2010 all acute care sites have been doing checks on medications when someone is admitted to make sure they have the correct medications ordered and to prevent interactions with new medications. An audit showed that this check was done for 86% of acute care admission in the Region (Source: Quality & Risk Management).

How is the Region working on this priority?

The Region has implemented several initiatives to improve patient safety and quality of care, many of them Required Organizational Practices through Accreditation Canada. Clinical practice guidelines are being reviewed in an effort to follow the most current guidelines, such as the Acute Coronary Syndrome (ACS) Care Map and Stroke Care protocols.

- Reviewing staffing guidelines, including acute care as well as chronic care indicators among PCH residents to identify demands on staffing.
- Exploring opportunities, including training, to help staff manage behavioural issues among residents in long term care.
- Exploring options for enhancing access to medical rehabilitation for ARHA residents.
- Replacing aging & non-functioning equipment as needed.
- Continuing to participate in reviews by external organizations & to implement standards, such as Accreditation (required organizational practices) and Long Term Care Standards reviews.
- Taking advantage of innovation initiatives to improve processes that will result in safer and better quality patient care (i.e. Pursuing Excellence Initiative on medication reconciliation at Minnedosa Health Centre).

Health Inequality

ARHA will identify select health service needs associated with population groups as a priority for service delivery and strategy development.

PREVENTION OF CHRONIC DISEASE AND INJURIES

THE STRATEGIC PLAN

Health inequality exists among population groups within the region. Health inequalities are differences in the health of groups of people. For example, First Nation people in Manitoba have a lower life expectancy than non-First Nation people. It is important to consider these disparities when planning programs and services so that we can address the needs of the most vulnerable residents.

In 2010/11 programs continued to work with communities and use

the best available **evidence** to identify and **respond** to the needs of those at risk. The increasing prevalence of chronic diseases continue to require signals the need for continue access to quality primary care services.

The strategies established to achieve this priority were:

The ARHA will implement a chronic disease prevention and management strategy targeting priority populations as appropriate.

The ARHA will focus service delivery on injury prevention initiatives with particular emphasis on reducing the impact of falls in the seniors population and partnering to reduce the impact of suicides (self-inflicted injury) and motor vehicle injuries.

Support of communities is critical to the success of initiatives such as Chronic Disease Prevention Initiatives (CDPI) and Home Health & Safety Checks. EMS Emergency Medical Services (EMS) staff support has been crucial to the advancement of the Home Health & Safety Check program. A regional Falls Prevention program was implemented in 2010/11, with a focus on preventing falls among personal care home residents.

Nine active Chronic Disease Prevention Initiative (CDPI) communities, one of which is a First Nation community, were funded for healthy lifestyle programs addressing healthy eating, physical activity, and being tobacco-free. This year brings to a close the CDPI initiative, with the renewed program, Healthy Together Now, being launched in April 2011.

In January 2011 the Assiniboine Region assumed responsibility for providing diabetes and heart health education for ARHA residents. This resulted in a three-fold increase in referrals to the ARHA Diabetes & Heart Health program, which was formerly operated through Brandon as Prairie Health Matters. This program has been expanding service to First Nation communities in our Region.

The Assiniboine Region received funding from the registered Nurses Association of Ontario to offer training to staff in smoking cessation. So far two training sessions have been held for ARHA staff who are excited to use their skills to help our residents be healthier by being smoke-free.

Seven EMS stations are providing the Home Health & Safety Check (HH&S) in ARHA communities. Plans are underway to offer this to new Home Care clients, beginning with three communities in 2011.

Suicide prevention activities continued this year through the Mental Health Program, with a focus on outreach to First Nation communities. EMS staff have been busy with injury prevention activities; participating in Health Fairs in First Nation communities, offering Car Seat Technician courses, promoting bicycle helmet use and providing education at Baby Steps sessions in the Region.

The Board recognizes the importance of addressing health inequalities when planning and setting priorities for health programs and services. The following strategic priority was identified:

ARHA will focus on specific population group needs when prioritizing service delivery strategies.

How is the Region working on this priority?

- Supporting primary care services in First Nation communities.
- Working in partnership with First Nation & Metis communities for activities to improve health (e.g., reduce the burden of diabetes, suicide prevention).
- Implementing a falls prevention program focused on seniors, who are at highest risk.
- Working with communities to explore options for seniors to stay safely at home for as long as possible.
- Looking at implementing a Men's Health program that will focus on issues like prostate cancer & high blood pressure.
- Providing access to interpreter services through a partnership with Winnipeg Regional Health Authority.

.

HEALTHY LIVING

ARHA will focus on healthy living and well-being for our communities and staff.

BUILDING HEALTHIER COMMUNIITES

One of the basics for health is healthy living. Many chronic diseases may be prevented through healthy eating, being physically active, and being smoke-free.

Even though many residents are choosing healthier lifestyles, the number of people in the Assiniboine Region with chronic health conditions is growing steadily. There is an increasing awareness of the value of working with communities to promote healthy living and to assist people with managing chronic conditions. The Assiniboine Region is committed to encouraging healthy living among our residents.
Our strategies for 2010/11 were:

The ARHA will champion improved healthy living through effective leadership, advocacy and partnerships.

The Chronic Disease Prevention Initiative (CDPI) continued to support communities in their efforts to promote healthy eating, physical activity and being smoke-free. Many initiatives focused on supporting healthy living among children and youth.

The Public Health program has been working on improving breastfeeding rates, promoting immunization, and reducing sexually transmitted infection rates.

Get Better Together! is a peer-led program that assists people living with chronic health conditions to take control of their health. This program has been offered on a regular basis in various communities.

Breastfeeding has become recognized as a protective factor for chronic disease. Breastfeeding rates in the Assiniboine Region appear to have increased from 81% to 88% over the last 5 years (Source: Early Years Database).
Immunization is an effective method of preventing the spread of infectious diseases. While rates of childhood immunization at age 17 have decreased slightly from 68% to 59%, there has been a slight increase in the percentage of ARHA staff immunized for influenza (from 41% to 42%). Chlamydia rates decreased from 171 to 148 per 100,000 in the

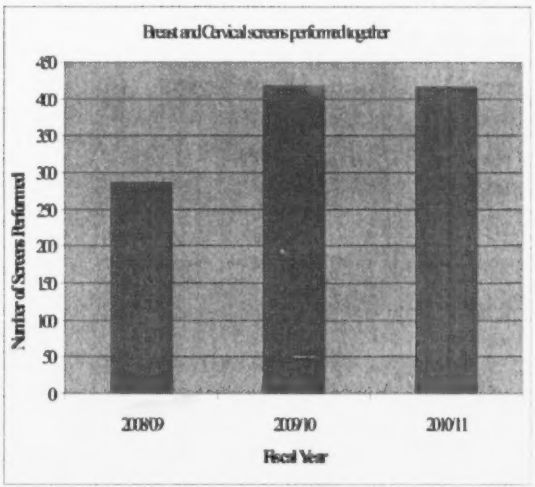
PRIMARY CARE STATS	2010/11	2009/10	2008/09
Client visits to Primary Care Program	7011	6028	2757
Cervical screens performed	196	110	137
Breast Screens performed	36	21	12
Breast and Cervical screens performed together	417	418	286

Assiniboine Region (Source: Immunization Data).

The Board remains committed to encouraging healthy living, identifying the following strategic priority:

ARHA will prioritize resources and strategies to support & enhance health promotion & disease prevention and management.

How is the Region working on this priority?



- Offering programs aimed at preventing heart disease & stroke.
- Developing a Stroke Prevention Strategy (support the Brandon Stroke Prevention Clinic, public awareness, staff education about stroke prevention & care).
- Enhancing Women's Wellness Clinics in First Nation communities.
- Offering training to staff to assist clients with smoking cessation.
- Offering the Get Better Together! chronic disease self-management program & Craving Change weight management classes in the Region.

LOOKING FORWARD:

COMMUNITY ENGAGEMENT

CULTIVATING RELATIONSHIPS WITH OUR COMMUNITIES

There is increasing interest in meaningful public engagement for planning health care services. Public or citizen engagement emphasizes information-sharing and mutual respect. Since regionalization, the Assiniboine RHA has benefitted from the opinions of the Health Advisory Committee, Provider Advisory Council and Medical Advisory Council. The Board and Executive Management Committee believe it is important to expand our engagement of the community in order to learn from the experiences of those directly affected by program and service delivery.

There have been a number of approaches used in the Region for engaging the community, including: the Advisory Councils listed, regular staff & stakeholder meetings, open public Annual General Meetings, and the community health assessment process. Several programs have involved comunity members in planning regional programs and services, either in initial planning (e.g., Primary Care program), or on an ongoing basis (e.g., Chronic Disease Prevention Initiative).

Through enhanced community engagement, the Board intends to cultivate mutually respectful, trusting relationships with the citizens of the Assiniboine Region. Meaningful engagement will depend on a willingness of groups to participate in the planning of health services while respecting the resources that are available and decision-making processes.

Because of the Board's commitment to engaging the community more in discussions about the programs and services offered in the region, a new strategic priority was established:

ARHA will develop & enhance public & client engagement processes for regional priority areas.

Communication has been and will remain a priority in the Assiniboine Region. The Board and Executive Management Team of the Assiniboine Region wish to enhance communication with the public and to connect with clients when developing health care programs & services.

How is the Region working on this priority?

- Expanding the invitation list

for twice annual key community stakeholder meetings

- Increasing promotion of the Annual General Meeting
- Seeking targeted input from clients into program & service reviews as well as for new program planning.

DID YOU KNOW?

Program Highlights

EMERGENCY MEDICAL SERVICES

For the time frame 2010/2011, the ARHA Emergency Medical Service (Ambulance) responded to 7,769 calls for service (all calls). Of those, 4,041 were Primary (calls to 911), 3,728 were for transfers between facilities.

MENTAL HEALTH

At December 31, 2010 the number of open cases for Adult were 355
At December 31, 2010 the number of open cases for Child and Adolescent were 206

HOME CARE

Number of clients- 2,509
Number of service hours- 296,084.98
Number of self managed care clients- 16
Average number of hours per client- 118.01

SERVICES TO SENIORS

Total # of clients served in the communities within the ARHA: 11,743

Congregate Meal Programs
65,913 meals served in 10/11 year

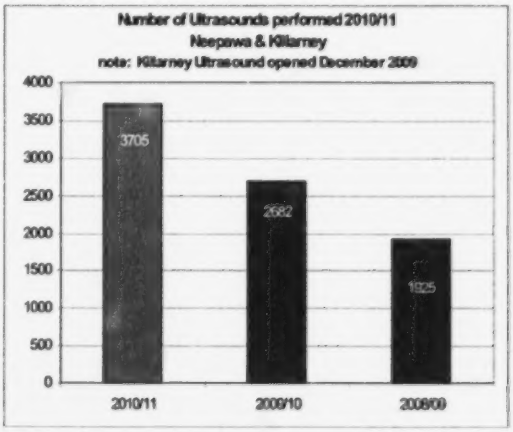
Adult Day Programs provide social and recreational opportunities to Home Care clients to maximize their independence in the community while providing relief to caregivers. The average number of participants in the program for 2010/11 was 123.

PRIMARY CARE

The Primary Care staff serves the communities of Rossburn, Hamiota, Erickson, Wawanesa and Carberry/Neepawa as our Primary Care Access sites. The Rossburn Primary Care Nurse provides clinic services to the Waywayseecappo First Nation; the Erickson Primary Nurse provides clinic services to Keeseekoowenin First Nation; the Hamiota Primary Care Nurse provides clinic service to Birdtail Sioux First Nation; and the Wawanesa Primary Care Nurse provides clinic services Canupawakpa and Sioux Valley.

ULTRASOUND SERVICE

Ultrasound tests performed in ARHA has seen a steady increase each year. In 2010/11, ARHA performed 3,705 ultrasounds in Killarney and Neepawa, compared to 2,682 in 2009/10 and 1,925 in 2008/09. Killarney ultrasound began providing service in December 2009. The average wait time for an ultrasound test is approximately 5 – 8 weeks.



ARHA DIABETES AND HEART HEALTH PROGRAM

The ARHA Diabetes and Heart Health Program began in the ARHA on January 4, 2011 with the focus being to help clients learn about diabetes, heart health, and a healthy lifestyle (this program was formerly part of the Brandon RHA Prairie Health Matters: Diabetes & Heart Health Promotion program)

Education for a variety of topics, such as healthy eating, physical activity, medications, hypoglycemia and hyperglycemia, complications of diabetes, self monitoring of blood sugars or tobacco is offered in both group and individual sessions.

Clients who will benefit from the program:
Those living with:
- diabetes
- high cholesterol
- high blood pressure
- at risk of developing diabetes
- at risk of developing heart disease
- pre-existing heart disease needing more education

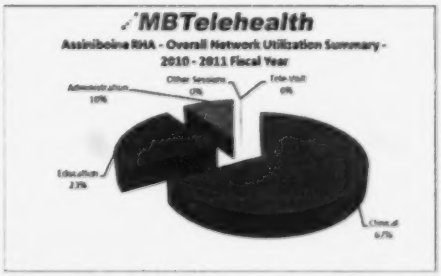
Referrals can be made by self or other health care providers by sending a referral form found on the Assiniboine RHA website to the Diabetes & Heart Health Program or calling the program's toll-free number 1-877-509-7852.

In the first 3 months of the program's operation, there were 335 referrals made to the Assiniboine based program. In comparison, 747 referrals were made during the 12 months of 2009/10 (previously offered by Brandon RHA Prairie Health Matters).

TELEHEALTH

ARHA saw an increase of 28% in Telehealth Utilization in 2010/2011

ARHA had 6 Telehealth sites operational in 2010/2011: Russell, Virden, Killarney, Neepawa, Hamiota & Deloraine.



QUALITY AND RISK

Focus on Quality and Safety

The Assiniboine Regional Health Authority (ARHA) promotes the philosophy of continuous quality improvement with a focus on safety and the achievement of the best possible health outcomes for the people we serve as well as contributing to a safe workplace for our employees. Innovation in healthcare has also become a priority this past year and as a result 2 teams participated in Pursuing Excellence initiatives sponsored by Manitoba Health. As well, the Releasing Time to Care program was initiated at the Neepawa Health Centre in an effort to improve efficiency and effectiveness of care and services. Initial results of these strategies will be available in 2011/12.

Participation in Accreditation Canada's 3-year standards review process is another way for the region to examine and improve the quality and safety of the services provided by the ARHA. ARHA met all conditions of the 2008 survey. The next accreditation survey will be held November 27—December 2, 2011. Eighteen teams throughout the region have spent the last year reviewing and assessing compliance with the national standards and developing and implementing action plans, particularly to address the Required Organizational Practices (ROPs).

Measuring our Success
The ROP Client Safety Dashboard was developed to monitor the status of the ROPs over time. A summary is presented below.

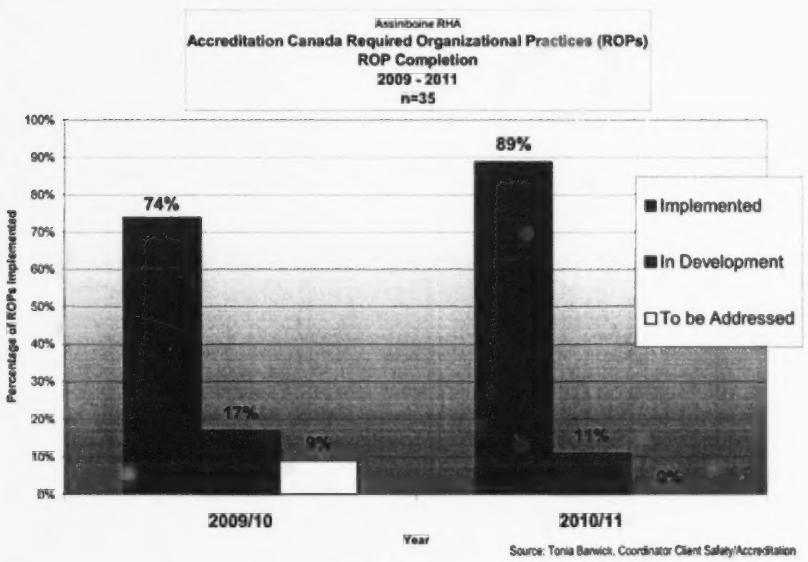
Examples of ROPS includes but is not limited to: Surgical Safety Checklist; Intravenous Infusion Pump Training; Do Not Use Abbreviations; Narcotic Safety, Client Identifiers; Medication Reconciliation. A Pursuing Excellence project related to improving the Medication Reconciliation process in acute care was initiated with staff at Minnedosa Health Centre and the results will be monitored and analyzed in 2011-12.

Client Satisfaction Questionnaires
In order to improve services, the ARHA is interested in hearing about the clients' experience when they are in our care. For this purpose, clients are provided with a Client Satisfaction Questionnaire (CSQ).

In March 2011, the Assiniboine Health Advisory Committee (AHAC) was asked to help review our current process and provide ideas for improving the response rate, particularly in acute care. (In 2010, the acute care response rate was 4%). Several of the committee's ideas will be implemented in 2011/12 including posting the questionnaire on the ARHA website. Each program and site receives their specific report with the responses and comments for all questions. Current results for the question, "How would you rate the overall quality you received from this service" are displayed in the chart on the following page.

Risk Management
The cornerstone for managing risk in the Assiniboine RHA continues to be the Incident Reporting, Disclosure, Investigation and Management process. The reporting of incidents allows for identification of risk and subsequent follow-up investigation and action.

When an incident requires follow-up or more extensive analysis, lessons learned are distributed through the regional Safety Learning Summary (SLS). In 2010, there were 6 SLS reports generated and shared across the Region via eLearning (online staff portal). Two of the SLS reports were related to falls which resulted in client injury. A Falls Prevention and Management Program has been in place since 2008, however the number of falls continues to increase. The number of moderate and serious injuries reported has increased 4% (from 91 in 2008 to 95 in 2010). Some of the reasons why the falls are increasing may include: the region/province has implemented a "least restraint" policy; majority of falls occur in the PCH setting where levels of care are much higher over the years; staff are encouraged to complete incident reports



ASSINIBOINE
REGIONAL HEALTH AUTHORITY

regularly.

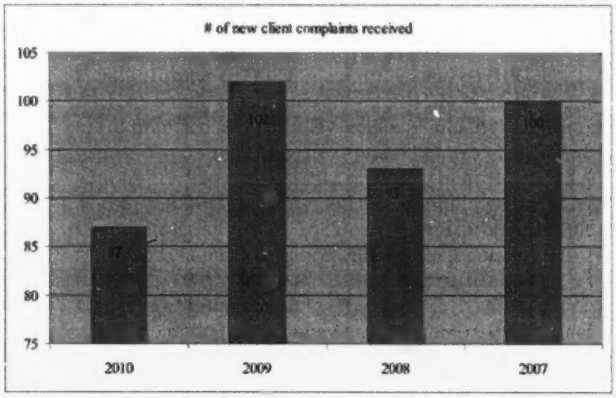
Health Insurance Reciprocal of Canada (HIROC) is the ARHAs liability insurance provider. HIROC Risk Appraisals are completed annually by regional quality improvement teams, determining risk areas and helping teams ensure that actions are taken across the region to address deficiencies. These risk assessments aid in compiling the regional Corporate Risk Profile. The Board is kept informed of the risk status and claims experience with regular reports.

Concerns Management

Another important component of the risk management strategy is the Concerns Management process. Clients and/or staff are encouraged to voice their concerns and/or provide positive or negative feedback about their health care experiences with the ARHA (also through the Client Satisfaction Questionnaire). This feedback is acted upon in a timely manner and the information is used to make changes as appropriate and improvements to the way we deliver health care and services in the Region. ARHA contact information for clients and staff is posted on the ARHA website, as well as in other communication forums such as the Staff Newsletter and the Community Newsletter. The 1-800 telephone number and an email address is available for clients and staff to voice concerns or bouquets.

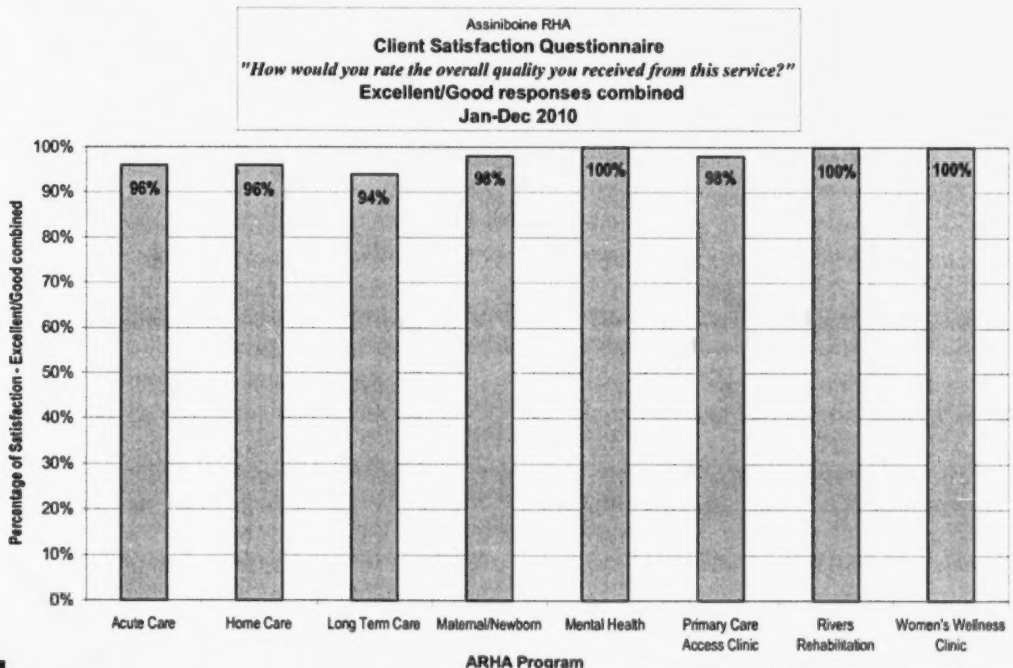
Challenges

The region's geography, numerous sites and programs, and aging infrastructure continue to provide challenges to ensuring consistency in standards and practice, sufficient time and human resources, effective communication and availability of education opportunities.



Future Direction

In 2011/12, the ARHA looks forward to welcoming the Accreditation surveyors to help identify areas to reduce risk and improve client and employee safety. Falls Prevention, a Board priority, will continue to be a focal point for planning. Implementation of the Home Safety Check is underway to raise awareness of the need for prevention across the continuum. A Falls Prevention workshop for staff is planned for November 2011 in partnership with Brandon RHA and the provincial Falls Prevention Network. The ARHA will continue to strive towards meeting standards and providing safe, quality care to the people we serve.



Source: ARHA Client Satisfaction Questionnaire Reports Jan-Dec

QUALITY AND RISK - STANDARDS

Manitoba Health conducts standards review visits every 2 years to each of the personal care homes in the province. The purpose of these visits is to ensure that legislated standards of care, as set out in the Personal Care Homes Standards Regulation (2005) under the Health Services Insurance Act, are met.

There are 26 standards of care in the following areas; Resident Rights and Councils, Documentation including restraints and care planning, Nursing, Pharmacy, Medical, Recreation, Dietary, Laundry, Housekeeping, Spiritual Care, Staff Education and Safety & Security. The Assiniboine RHA review visits were held in 2006, 2009 and are scheduled to begin again in March 2011.

The following initiatives have occurred throughout 2010 on a Regional level, to meet identified challenges from the 2009 report:
General Nursing Services – The Region is addressing nursing leadership and decision-making; particularly for the nurse in charge on shift in the PCH.

Physician Services – The appointment of Dr. Elise Weiss as VP Medical Services has ensured the Region has a designated physician responsible for the overall coordination and evaluation of medical services in our personal care homes.

Documentation – Regional Documentation in-services on the principles and legalities of documentation were held in April 2010 and is now available to all staff via eLearning on an ongoing basis.

Restraints – Deficiencies regarding restraint documentation and a high rate of restraint usage (side rails, broda chairs, seat belts, etc.) were identified. The Restraints Policy has been revised. A philosophy of 'Least Restraint' has been adopted in an effort to reduce and/or discontinue the use of restraints, which will be monitored on an ongoing basis through a Restraint Usage Audit.

Fire Drill/Fire Prevention Education – The Disaster and Emergency Preparedness Committee (DERPC) has implemented strategies to ensure that all staff participate in a fire drill, table-top exercise or complete a self-learning package on an annual basis.

Unannounced visits from MB Health occurred in 9 sites across the Region in May and June, 2010 as a follow-up to review the action plans. Overall results were very favorable with the majority of standards being met.

ERMS

Emergency Response Management Services (ERMS)

ERMS is a state-of-the-art electronic mass notification system designed to enhance our ability to respond to, manage, and recover from a crisis or emergency situation through the use of advanced voice and computer technology.

Having ERMS means that when a crisis or emergency arises that requires extra staff to be called in, the same message gets sent to every needed employee at the same time. Every employee in the Assiniboine region is a part of the new ERMS by utilizing the most current phone and email contact information available.

The flexibility of the system lets the call out center select the number and type of staff needed for each individual response: from a single employee, to all staff at one specific facility, and even to calling every employee in the entire Assiniboine region at the same time. The consistency of the message and the speed of delivery means that we can respond in a manner never before possible. Real time tracking allows the Incident Commander to have an accurate response picture, and to base further action decisions on the staff response. Only one employee at the Staff Call-Out Centre, located at either Reston or Sandy Lake is required to initiate the ERMS notification.

The ERMS system became operational for actual events in November of 2010 following several months of testing. During the fiscal year 2010/11, the ERMS system was used twice (2) for actual emergency events, three (3) times for training / exercises and once (1) for information sharing (source: ARHA ERMS Activity Log).

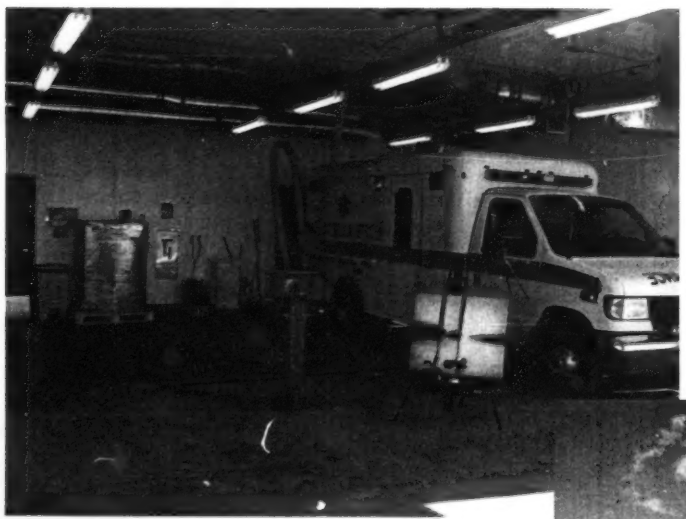
SAFETY AND SECURITY/ CAPITAL PROJECTS

In 2010/2011, the ARHA successfully completed a number of capital improvements totaling $1,049,220. Prioritization of all capital projects and safety and security projects occurs annually as per submission in the Regional Health Plan.

The region successfully completed Ten (10) Safety and Security projects totaling $ 427,957.13.

The following summarized the status of all projects as of March 31, 2011.

Sixteen (16) projects were approved for 2010/11 Safety & Security. Three (3) projects are still in the organizational stages having yet to be awarded. Ten (10) projects are complete and the remainder will be completed through the summer of 2011.

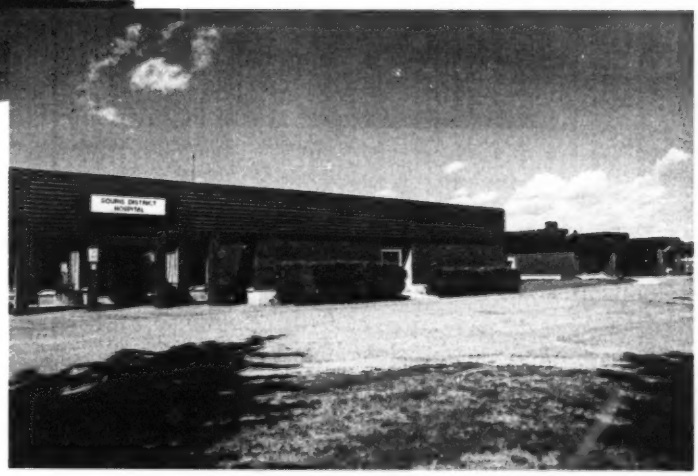


Projects Completed in 2010/11:

- ✓ Replace Roof (Wing) – Souris Personal Care Home - $151,801.75
- ✓ Heating Control Upgrade – Reston Health Centre - $37,070.13
- ✓ Sprinkler Line Replacement – Tri Lake Health Centre - $71,315.68
- ✓ Exterior Brick Repair – Tiger Hills Health Centre (Treherne) - $10,165.68
- ✓ Replace Doors/Install Mag Locks – Boissevain Personal Care Home - $26,745.61
- ✓ Replace Kitchen Flooring – Wawanesa Health Centre - $12,085.22
- ✓ Install Vehicle Exhaust Capture System – Minnedosa EMS - $30,113.81
- ✓ Exterior Drainage Upgrade – Reston Health Centre - $56,924.00
- ✓ Fire Alarm Upgrade – Souris Personal Care Home - $19,695.60
- ✓ Hot Water System Upgrade – Wawanesa Health Centre - $12,039.65

Projects under construction

- ✓ Oxygen System Conversion – Hamiota Health Centre - $32,000.00
- ✓ Replace Kitchen Flooring – Tiger Hills Health Centre - $13,374.70
- ✓ Roof Replacement – Birtle Health Centre - $199,305.00
- ✓ Nurse Call Replacement – Regional - $395,564.31
- ✓ Repair Exterior Stucco – Wawanesa Health Centre - $175,000
- ✓ Replace Basement Flooring – Souris Health Centre - $160,000.00



PROGRAM AND SERVICE EXPENDITURES

Expenditure by Program/Service

	2010 / 2011	2009 / 2010
Community-Based Services Administration	$778,274	$706,385
Therapy Services	$1,021,053	$1,155,092
Community Health Clinics	$1,484,309	$1,329,947
Pre-Retirement	$1,918,489	$2,620,631
Community-Based Mental Health Services	$2,170,301	$2,041,111
Community-Based Health Services	$7,109,925	$6,948,216
Land Ambulance	$7,087,475	$6,716,966
Medical Remuneration	$13,339,016	$11,893,910
Home Care Services	$13,636,849	$12,503,472
Other Undistributed Costs	$15,809,956	$15,748,769
Acute Care	$58,533,975	$56,195,270
Long Term Care	$57,711,168	$55,890,254
	$180,600,790	$173,750,023

ADMINISTRATIVE COSTS

The Assiniboine RHA adheres to standardized coding guidelines (MIS) as defined by the Canadian Institute of Health Information (CIHI).

Administrative costs include corporate operations (including hospitals, non-proprietary personal care homes and community health agencies), as well as patient care-related functions such as infection control and patient relations and recruitment of health professionals.

Category of Administrative Expense *All primary cost centres include costs related to salaries, benefits, travel, telecommunications, insurance, audit & other fees, office supplies and other supplies and expenses.*	Percentage of Total 2010/2011 Expenses	Percentage of Total 2009/2010 Expenses
Corporate: *Includes the primary cost centres of General Administration, Executive, Board of Directors, Public Relations, Planning, Risk Management, Advisory Councils, Community Health Assessment, Finance and Communications.*	3.2	3.95
Patient Care Related: *Includes the primary cost centres of Quality Assurance and Accreditation.*	0.23	0.25
Human Resources and Recruitment: *Includes the primary cost centres of Human Resources, Recruitment & Retention, Labor Relations, Employee Benefits, Health & Assistance Programs and Occupational Health & Safety Prevention.*	1.01	1.0
Total	**4.24**	**5.21**

Independent Auditor's Report

To the Members of Assiniboine Regional Health Authority:

We have audited the accompanying financial statements of Assiniboine Regional Health Authority, which comprise the consolidated statement of financial position as at March 31, 2011 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Consolidated Financial Statements.

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Assiniboine Regional Health Authority as at March 31, 2011 and the results of their operations, changes in net assets and their cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Brandon, Manitoba
June 15, 2011

MNP, LLP
Chartered Accountants

FINANCIAL POSITION

Consolidated Statement of Financial Position

	2011	2010
Assets		
Current Assets		
Cash	24,861,178	24,458,664
Marketable securities	4,313,139	4,207,958
Accounts receivable	1,507,823	1,119,267
Manitoba Health receivable - vacation entitlement	6,484,052	6,484,052
Inventories	1,015,502	1,102,753
Prepaid expenses	460,849	461,018
	38,642,543	37,833,712
Manitoba Health receivable - pre-retirement obligation	7,336,760	7,336,760
Capital assets	102,615,423	100,072,684
Trust assets	135,714	128,391
	148,730,440	145,371,547
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable	12,500,375	10,310,223
Due to Manitoba Health	1,196,280	2,665,933
Current portion of long-term debt	183,601	172,772
Accrued vacation entitlement	8,947,961	8,628,787
	22,828,217	22,777,715
Long-term debt	2,011,766	2,195,468
Accrued pre-retirement obligation	11,767,144	10,714,309
Deferred contributions	102,043,084	100,334,206
Trust liabilities	135,714	128,391
	138,785,925	136,150,089
Net Assets		
Invested in capital assets	3,197,499	3,167,076
Internally restricted	148,666	119,573
Unrestricted	6,598,350	5,934,809
	9,944,515	9,221,458
	148,730,440	145,371,547

FINANCIAL POSITION

Consolidated Statement of Operations

	2011	2010
Revenues		
Manitoba Health operating income	153,608,082	148,761,544
Authorized / residential charges	14,423,531	14,062,013
Amortization of deferred contributions	4,322,198	4,120,485
Other income	5,402,488	4,632,628
Ancillary	1,349,168	1,279,539
Province of Manitoba	2,216,657	2,215,377
	181,322,124	175,071,586
Expenses		
Acute Care	58,533,975	56,195,270
Long-term care	57,711,168	55,890,254
Community-based home care services	13,636,849	12,503,472
Medical remuneration	13,339,016	11,893,910
Community health clinics	1,484,309	1,329,947
Community-based health services	7,109,925	6,948,216
Land ambulance	7,087,475	6,716,966
Community-based mental health services	2,170,301	2,041,111
Therapy Services	1,021,053	1,155,092
Community-based services administration	778,274	706,385
	162,872,345	155,380,623
Other Undistributed Costs		
Regional health authority costs	9,919,606	10,115,575
Amortization of capital assets	4,553,525	4,342,696
Ancillary	1,336,825	1,290,498
Pre-retirement	1,918,489	2,620,631
	17,728,445	18,369,400
Total expenses and other undistributed costs	180,600,790	173,750,023
Excess of revenues over expenses	721,334	1,321,563

A complete set of financial statements, and the auditors report are available on the ARHA website at www.assiniboine-rha.ca or by contacting the Assiniboine RHA Corporate Office at (204)483-5000 or 1-888-682-2253. The statement of public sector compensation disclosure is also available by contacting the above numbers.